

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>672</i>	<i>67814</i>	<i>6/28/00</i>
O.I.P.E. CLASSIFIER		<i>20</i>	<i>7/1</i>
FORMALITY REVIEW	<i>FH</i>	<i>TC 856</i>	<i>08-09-00</i>
RESPONSE FORMALITY REVIEW	<i>AR</i>	<i>829</i>	<i>12/01/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	<i>8-31-04</i>
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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If more than 150 claims or 10 actions  
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